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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/886, 13 09/886, 613
Filing Date	June 22, 2001
First Named Inventor	Benjam n Kane
Group Art Unit	3625
Examiner Name	R. Rhoce
Attorney Docket Number	19693.(1)02

To: Assistant Co Washington	ommissioner for Patents , DC 20231					,
I hereby apply to withdraw	w as attorney or agent for the ab	ove identified a	pplication.			-
The reasons for this requ	est are: Failure of applicant to com	municate with or p	provide paymente to	the und	ersigned (D)	
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Firm or Individual Name	Mr. Robert Krause, Globecom Inte	eractive				
Address	12310 Pinecrest Road					
Address	Suite 200					
City	Reston	State	VA	,	ZIP	20191
Country	USA					
Telephone	(703) 621-4500 Ext. 131	Fax	(703) 621-4477			
This request is enclosed in	n triplicate.	_				
Name John P. Moran						
Signature h	Myran		<u> </u>			
Date 7-/	-04					
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